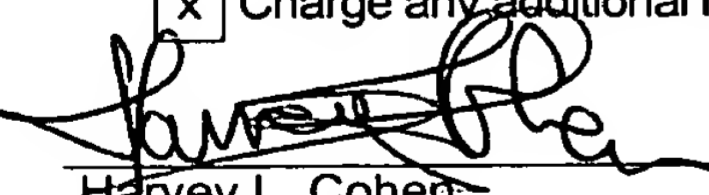
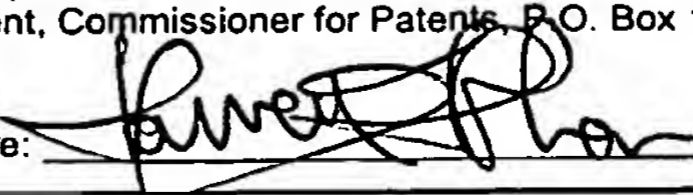


In response to the official action mailed June 3, 2003, Applicants submit the following amendments and remarks.



1614

| | | | | | |
|--|----------------------------------|---|-----------------------------|-------------------------------|------|
| AMENDMENT TRANSMITTAL LETTER | | | | Docket No. EGYP 3.0-008 | |
| Application No. 09/653,717 | | Filing Date September 1, 2000 | | Examiner R. Cook | |
| Art Unit 1614 | | | | | |
| Applicant(s): Pierre Cesaro and Gabriel Villafane | | | | | |
| Invention: USE OF NICOTINE OR DERIVATIVE THEREOF FOR THE TREATMENT OF NEUROLOGIC DISEASES, INPARTICULAR, PARKINSON DISEASE | | | | | |
| TO THE COMMISSIONER FOR PATENTS | | | | | |
| Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below. | | | | | |
| CLAIMS AS AMENDED | | | | | |
| | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate | |
| Total Claims | 34 | - 51 = | 0 | x 18.00 | 0.00 |
| Independent Claims | 4 | - 5 = | 0 | x 84.00 | 0.00 |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | 0.00 |
| Other fee (please specify): | | | | | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: | | | | | 0.00 |
| <input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity | | | | | |
| <input checked="" type="checkbox"/> No additional fee is required for this amendment. | | | | | |
| <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____ A duplicate copy of this sheet is enclosed. | | | | | |
| <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed. | | | | | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | | | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>12-1095</u> as described below. A duplicate copy of this sheet is enclosed. | | | | | |
| <input checked="" type="checkbox"/> Credit any overpayment. | | | | | |
| <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. | | | | | |
|  Harvey L. Cohen Attorney Reg. No.: 28,365 | | | | Dated: <u>August 21, 2003</u> | |
| LERNER, DAVID, LITTENBERG, KRUMHOLZ & MENTLIK, LLP 600 South Avenue West Westfield, New Jersey 07090 (908) 518-6425 | | | | | |
| I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below. | | | | | |
| Dated: August 21, 2003 | | Signature:  (Harvey L. Cohen) | | | |

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